

MRS Western Expansion Meeting

April 15, 2004
AB Tech, Asheville

Counties Present: Swain (3), Haywood (2), Macon (1), Alexander (2), Jackson* (4), Union (2), Cleveland (2), Polk (2)

State Staff: Keith Davis, Joy Gossett, Rhoda Ammons, Rosalyn Thompson, Ann Robinson, Cindy Holloman, Dawn Warren, Renee Hanna, Carol McConnell

State Updates

- Handouts and written materials on the table, some of these were given out in Winston-Salem. Counties should pick up a copy if they do not already have one.
- Division is updating our website.
- Evaluation.
 - Legislative mandate to do an evaluation for the first 2 years of MRS.
 - The Division (Tony and Adolph) wrote the first evaluation in April 2003 based on the data from the 10 pilot counties.
 - Duke, through the Terry Sanford Institute of Child and Families Studies, agreed to do the 2nd year evaluation at no cost.
 - This report was presented to the General Assembly 4/1 along with a report from the Division.
 - Tony will send this out to MRS counties, one hard copy per county, and on-line. (Can access this on-line by going to: <http://www.pubpol.duke.edu/centers/child/news/MRS.html>)
 - This evaluation is completely from Duke, the Division did not influence the writing. Some key points:
 - MRS has not compromised child safety. (This is the same finding from other states that have been participating in MRS longer than NC.)
 - MRS has not altered the timeliness of response to calls (there was concern it would slow response).
 - MRS has not altered the time frame from report to initiating services.
 - MRS has led to better coordination between DSS and other human services agencies.
 - Supervision/management – not consistent within and across agencies.

Recommendations:

- Decrease caseloads to 1-8. (Both Duke and the Division recommended this. The Division made this recommendation to the House Committee who will pass it along to the General Assembly.)

*** Note: If caseloads are reduced there will be an expectation from the state that there will be *1 caseworker per family from assessment through in home services*. (Other states that have used blind random samples have found better outcomes with one worker for life of case.)

- Training – Recommend state dollars to train community partners, especially around Child and Family Teams.
- Statewide case management system.
- Other recommendations House Committee accepted:
 - Increase Foster Care board rates
 - Addition of Child & Family Team facilitators
 - Increase to 12 CPR's
 - Hiring MRS coordinator
- Some things Tony has noticed in looking at cases through Data Warehouse:
 - Should never have a Services related finding with a no risk case. (No risk only ok for foster and group homes and there are not family assessments for them.)
 - 100% of 'Services Needed' cases get 215.
 - If you are using "Z" money (IVE) it needs to be connected to a risk of Foster Care placement, so it should not be low risk, because low risk does not indicate a candidate for Foster Care. (Letter in Fall 02)

Discussion:

- Concern about mixed caseloads. Counties feel that 215 cases will take a backseat to 210.
- Also concerned that new SW staff will lead to more workers per supervisor.
- No talk of increasing salary grade for Foster Care workers. May lead to resentment and higher turnover within Foster Care SWs.
- JoAnn was called about these issues and she indicated that the study regarding turnover of SW staff was done by the Office of State Personnel, not the Division and it did not look at Foster Care workers, only CPS as the turnover rate for CPS is known to be higher. Also indicated that the study only dealt with SW positions, not supervisors. This is due to the fact that SWs are assigned to one area of CW and therefore use state money for salaries, whereas supervisors are often spread across multiple program areas so their salaries are cost allocated, involving more county money.
- Training – concerns about training capacity. Tony asked counties to let Ruth know if they are put on a waiting list for a training and there are non-MRS counties enrolled.
- The Division is beginning work on a new training schedule, counties should be prepared for a survey to come out.

Where are we? Discussion of various MRS strategies and progress on each one, by county.

Collaboration with Work First

Swain

- Intend to staff cases with WF. Eventually staffing will be simultaneous for CW, WF, Medicaid, and Food Stamps.
- WF will attend CFT meetings if they are involved with the family.
- MRA and Case Plans will be done with input from the other agency, looking at moving toward only one document.

Haywood

- WF not mandated collateral contacts at this time, but they frequently are used.
- WF invited to CFT meetings and to review cases but this is not a formalized process yet.

Macon

- Implemented MRS 3/1 and WF comes to staffings.
- Because they are a small county, CW and WF have worked together for a long time already.
- WF participates in CFT meetings.

Alexander

- WF worker for child only cases in the Children's Unit now
- Using WF as an informal collateral.

Jackson

- Have been attending staffings.

Union

- This was the last strategy, and currently not implemented.
- They have had some meetings together and are working on it, but have been focusing on getting training.

Cleveland

- Using WF as a collateral, but not currently staffing with each other.
- Plan to start MRS in June or July.

Polk

- Only 1 WF worker, has attended some training.
- They have a lot of informal interaction.

Tony recommended counties think about not just having WF present at meetings, but how are those meetings enriched by their presence? How are WF principles incorporated now? Asked was anyone checking the WF history of a family before contacting them? Some do, but not necessarily before contact (not formal procedure.)

Carol had suggestions for counties:

- Formalize a protocol for checking with WF for all families.
- Cross training for WF and CW, need to know the other's criteria so that the CW and WF workers are not working at cross purposes and confusing the families.
- Ensure that you are communicating what you intended to.
- Stop thinking of families as CW families or WF families, they are "our Swain Co. DSS family".

Shared Parenting

(By shared parenting, we mean, are the Foster & Biological parents meeting together within 7 days?)

Polk

- They have only had one instance since they started, and both sets of parents were at the first visitation.

Cleveland

- Not yet to within 7 days, but they do meet with each other. So far this has gone well.

Union

- Won't officially begin until 5/1, however, have been stressing it in MAPP classes.
- Have had individual instances of it happening, but not formalized yet.

Jackson

- Have not rolled out. Have been to training.
- Focusing on it in MAPP, had a local judge and attorney to help train.

Alexander

- Have trained CW staff and Foster Parents.
- Success story: Had a woman who had been resistant to working with the agency. She had tested positive for drugs upon delivering her last baby and she and the Foster Parent were at the hospital together to pick up the newborn. The birth mother asked the Foster Parent "Are you going to adopt my baby?" The Foster Parent replied "I am just babysitting your baby until you can do what you need to do to get back on your feet and parent your child."

Macon

- So far informal, will formalize soon.
- Success Story: Biological parent signed the relinquishment for adoption at the hospital with the Foster Parent there at the birth.

Haywood

- Not quite there. Still figuring out who to send to training.
- Have incorporated into MAPP.
- Is happening on an informal basis and with increasing frequency. Generally positive.

Swain

- Have not gone to training yet.
- Doing some Shared Parenting but not formally, all but one child in their county is in relative placement. For the one child in Foster Care the Biological Parents go to the Foster Home for visits.

Child and Family Team Meeting

Swain

- Working with a person to be an outside facilitator. Having problems getting her trained.

Haywood

- Been doing since 99-00 when they were called Family Unity and were done for any case with a substantiation.
- Using IVE waiver money to contracts with a facilitator but this will be not enough with CTF meetings are mandatory for all cases.

Macon

- Have been doing CFT but without trained facilitator.
- Find that most agencies want to be there because they are working with that family.

Question: What if the SW feels there is someone that needs to be there and the family says no?

Response: Try to get the family to include them, but if not, try to work them in later with statements such as "I will have to meet with them anyway, would you like to hear what they have to say firsthand?"

Comment: Emphasized the importance of an outside facilitator to keep the focus of the meeting and prevent going off track to other issues.

Alexander

- Have had 4 meetings that were successful.
- Are training in house facilitators.

Jackson

- Slow on this strategy but looking for facilitators that are not within DSS (such as Family Resource Center folks.)
- Had one quasi-meeting that led to a housewarming for the family and many of the professionals became more receptive to working with the family.

Union

- Most 215 cases have a CFT meeting, although it is not protocol yet. They started these with Families for Kids.
- Looking to bring retired supervisors in as facilitators.

Cleveland

- Had to leave.

Polk

- Only a few CFT meetings on an informal basis. Do not have facilitator.

Tony asked people to think about how to bring community partners to CFT meetings.

Also cautioned that the 10 shared that CFT are hard, it will take a lot out of workers

In Home Re-Design

(By this we mean one worker keeping the case, more frequent contacts with the family.)

Polk

- Have not gotten that far at this time.

Cleveland

- Had to leave.

Union

- Frequency of contacts varies by case, more than state standards though.

Jackson

- Have not gotten that far at this time.

Alexander

- Have not gotten that far at this time.

Macon

- Reorganized 3/1 based on types of cases.

Haywood

- Have not gotten that far at this time. Currently looking at 215 cases to try and determine if they should still be open.

Swain

- Getting ready to do risk re-assessment to all treatment cases.

Tony reminded counties that it is ok not to follow the original plan they developed. Nobody is exactly where they thought they'd be.

Law Enforcement

Tony asked who, if anyone had a signed MOA at this time. Requested that anyone who had any kind of MOA electronically email it to him so that he could share with others to avoid reinventing the wheel.

- Union has signed MOA.
- Swain is very close.
- Polk has an old one, need to update for MRS.
- Macon & Haywood had an old one through Child Advocacy, not specifically for MRS.

Assigning Cases as Family Assessment

Tony asked who had implemented, and if not yet, what were target dates.

- Macon – implemented county-wide as of 3/1. Have encountered a problem of timing. (Ex: Get a report Friday morning sometimes you have to go to the school and see the child alone because you can't reach the family first.) Can still do Family Assessment approach afterward, but its harder. All workers new so can't comment if they like this approach better.
- Target dates for the other counties are as follows:
 - Swain: 5/1
 - Haywood: July
 - Union: 5/1
 - Jackson: July
 - Alexander: 5/1
 - Cleveland: had left meeting

Structured Intake

General comments, not enough time to go county by county.

- Reporters don't want to give strengths, or say that there are none.
- Suggestion was made to ask reporters a more concrete question than "What are the family strengths?"
- Structured intake is the beginning for everything that comes after.

Next Meeting May 13th, Simpson building AB Tech.